

2015 Registration & Medical Waiver Form

Town of Ellington ó Human Services Department/Senior Center
40 Maple Street, Ellington, CT 06029
Telephone: (860) 870-3133

Complete this confidential form to be used only for an emergency situation. Refer to our newsletter, òThe Maple Street Monthlyö, for information on additional forms that may be required for program participation. ***If applicable, the PAR-Q form for Health & Fitness programs is on the reverse of this page.*** * Submit all forms and payment, if applicable, to the receptionist prior to activities.

Thank you, Erin R. Graziani, Senior Center Director
Revised, 12/17/2014

NAME: _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

ALLERGIES: Do you have any allergies? _____ If, yes, please explain: _____

EMERGENCY CONTACT PERSON (FAMILY/FRIEND)

1. Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone: _____

Address: _____ Town: _____ State/Zip Code: _____

2. Name: _____ Relationship: _____

Telephone Number: _____ Cell Phone: _____

Address: _____ Town: _____ State/Zip Code: _____

PHYSICIAN AND HOSPITAL INFORMATION

Primary Physician Name: _____ Tel. Number _____

Town/State _____ Hospital Preference: _____

HOSPITAL PREFERENCE:

We will try to accommodate your preference; however, based upon the location of the incident, another hospital may be required. **Do we have your permission to transport to nearest hospital?** _____

In case of emergency treatment, I hereby give my permission to the Town of Ellington, Human Services/Senior Center staff and the Town of Ellington and/or his/her designee to select a physician to proceed with an examination, investigation, hospitalization necessary treatment of the injury and /or illness and operation is needed. I also understand the Town of Ellington does not provide accident or health insurance.

Signature: _____ **Date:** _____

Office Use Only:

Received By: _____

Date: _____

Copies Made: _____

Key Tag Needed: Y/N